

Handwritten notes in green and blue ink on the left margin, including the word "GO" and various symbols.

West Florida Volleyball General Skills Clinic - 2010



HIGHLIGHTS

- Work with UWF Players and Coaches
- Improve individual and team skills
- Meet new people
- HAVE FUN!!!!!!!

Who: 4th – 8th Grade Girls

When: *Sundays*

January

February

March

31st

6th****

7th

14th

14th

21st

21st

28th

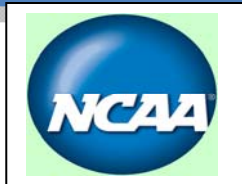
**** Feb 6 is a Saturday!!!

What time: 4:30-6:30

Where: Field House at UWF Main Campus

11000 University Parkway, Pensacola, FL 32514

Cost: \$100 (before 01/25/10) \$115 after



Learn From the Best – 2009 UWF Volleyball

23-13 overall record & 8-2 Gulf South Conference record

2008 and 2009 Gulf South Conference Champions

2007 and 2008 GSC East division Coach of the Year - Melissa Wolter

NCAA Division II Regional Finalist

Questions, call Melissa Wolter @ 850-291-2507 or email: mwolter@uwf.edu

Additional info @ www.goargos.com

UWF Champions Clinic

Name: _____

AGE: _____ Address: _____

Phone: _____ Email: _____

T-shirt size(adult only) _____

*Make checks payable to: UWF Volleyball

Mail to:

Melissa Wolter

c/o UWF Athletics, Building 54

11000 University Parkway

Pensacola, Fla. 32514

Release Form: Parent/Guardian must sign if under 18

In consideration of acceptance, I, intending to be legally bound for myself, my heirs, executors, and administrators, do hereby waive and release all rights and claims for damages I may have against ACE Ltd. Liability Corporation, or its representatives, and/or assignees, for any and all damages which might be sustained by me in connection with my participation or entry in this camp, and which may arise out of my traveling to, participating in, or returning from the camp. I give permission to for my child to be videotaped in the camp environment. All disputes to be settled in the state of Florida. In the event of illness or injury, ACE is authorized to obtain any medical care or treatment deemed necessary.

X _____ Date: _____

Signature (if under 18 legal guardian)

Insurance Company: _____

Policy #: _____